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Bib Data Sheet

CONFIRMATION NO. 7830

<b>SERIAL NUMBER</b> 10/660,122	<b>FILING OR 371(c) DATE</b> 09/11/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1637	<b>ATTORNEY DOCKET NO.</b> DIBIS-0002US.P3
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/323,233 12/18/2002 ABN and is a CIP of 10/326,051 12/18/2002 ABN  
 and is a CIP of 10/325,526 12/18/2002 ABN  
 and is a CIP of 10/325,527 12/18/2002 ABN  
 and is a CIP of 09/798,007 03/02/2001 ABN  
 and claims benefit of 60/431,319 12/06/2002  
 and claims benefit of 60/443,443 01/29/2003  
 and claims benefit of 60/443,788 01/30/2003  
 and claims benefit of 60/447,529 02/14/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 38	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 5
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**  
58057

**TITLE**

Methods for rapid identification of pathogens in humans and animals

<b>FILING FEE RECEIVED</b> 1084	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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